

DOCUMENT RESUME

ED 198 429

CG 014 963

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TITLE The Expression of Orality in Heavy and Light Male Cigarette Smokers.
PUB DATE Sep 80
NOTE 9p.; Paper presented at the Annual Convention of the American Psychological Association (88th, Montreal, Quebec, Canada, September 1-5, 1980).
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Attitudes; Coping; Habit Formation; *Individual Characteristics; Males; *Motivation; *Need Gratification; Parent Child Relationship; *Personality Traits; *Prevention; *Smoking
IDENTIFIERS *Orality

ABSTRACT

Programs to help individuals stop smoking have shown disappointing results since many quitters resume smoking within six months. A closer study of motives, personal styles and subjective cognitive schema that maintain smoking behavior might provide useful clues to helping individuals stop smoking permanently. Male patients in a VA Medical Center were given a short battery of tests and an interview about their smoking behavior. Heavy smokers (N=24) and light smokers (N=33) were compared in an investigation of orality in cigarette smokers. Heavy smokers appeared pleased with their smoking, tending to view smoking as a tranquilizer in times of stress, and as a form of self-reward. Lighter smokers viewed their smoking less positively and as less addicting. In spontaneous story productions, light smokers produced more references to smoking and oral content than heavy smokers. This increase in oral response may reflect the lighter smokers' feelings of deprivation of oral satisfaction, while the heavy smokers totally gratified this need. Neither group reported a deprived childhood. (NRB)

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THE EXPRESSION OF ORALITY IN HEAVY
AND LIGHT MALE CIGARETTE SMOKERS

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The Expression of Orality in Heavy
and Light Male Cigarette Smokers

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Reports of smoke-stopping programs have shown disappointing results since a large percentage of quitters find themselves smoking again within six months of their stopping (Lichtenstein, 1971). Much effort among researchers has been directed in searching for effective stopping techniques, when, in fact, a closer study of motives, personal styles and subjective cognitive schema that maintain smoking behavior might provide more useful clues to helping smokers stay stopped. This study, a beginning attempt in this direction, explores the expression of orality in highly selected male light and heavy cigarette smokers.

There has been some controversy in the literature about traits that characterize heavy, light and non-smoking males as groups. McArthur, Waldron and Dickinson (1958), following a group of male Harvard graduates over a number of years, described heavy smokers (those smoking one pack or more per day over their smoking lifetime) as "emotionally narrow, controlled, factual," with more "inner tensions." Interviews described them as "inarticulate, bland, hard to get to know, fussy." They believed that "poorly integrated people were much more commonly found among heavier smokers," although the data these conclusions are based on are at best impressionistic. On the other hand, the heavy smokers are also described as under more pressure than light smokers, and "living in overdrive."

This kind of description is also offered in a series of articles by Jacobs and his associates (1970). They see heavy male smokers, in contrast with light smokers or non-smokers, as more "defiant, impetuous, danger-seeking," and having "overt" oral traits (e.g. nail biting). In fact they conclude that "the most general term applicable to the characteristics found in heavy smokers is oral."

That orality is central to smokers has been emphasized by a number of psychoanalytic writers, including A. A. Brill, who stated: "This orality factor may be mediated in many ways, but its meaningfulness [in smoking] should not be overlooked" (cited in Larson, Haag, and Silvette, 1961). McArthur (1958) carries this notion further, claiming that, in his sample of smokers, heavy smokers who could not stop smoking had been weaned very early, compared to lighter smokers who could stop and were weaned much later although the source of this data is not clear. Perhaps the cigarette-breast equivalence is a viable notion. Additional support for cigarettes satisfying oral needs of some kinds is offered by studies demonstrating weight gain in former smokers (Jacobs, et al., 1970; McArthur, et al., 1958), suggesting that food intake has been substituted for cigarettes.

Jacobs (1970) also reports that heavy male smokers see their parents as "cold, demanding, harsh," feeling deprived by parents in their youth. This may be the source of their continued oral interest in later life, perhaps because they received too little affection as children.

In the present study, two groups of male smokers, a heavy and a light group, are compared in several ways to try to understand better oral components in their personality makeup. It was hypothesized that heavy smokers would be particularly invested and involved with positive values found in smoking, seeing smoking as a necessary and enjoyable part of their lives and themselves. Also, heavy smokers should also see their own childhoods as more depriving than lighter smokers.

Method: The subjects in this investigation were hospitalized male medical patients in a VA Medical Center. The men were recruited at their bedsides or on their wards and given a short battery of tests and an interview about their smoking behavior. Men reporting smoking one pack or less per day ($N=33$) were designated "light" smokers (mean cigarettes/day for the group=16.4, range 5-20 cigarettes). Those reporting using one and one-half packs or more per day ($N=24$) formed a "heavy" smokers group (mean cigarettes/day for the group=39.6, range 30-80 cigarettes.)

The mean age for the total group was 49.1 years, with no difference between the groups in age. The two groups did not differ in socioeconomic class (most of the subjects were skilled or semi-skilled tradesmen), nor in marital status (about half of each group were married). The light smoking group did tend to be significantly better educated than the heavy group (light, mean years of schooling=12.27; heavy, mean years of schooling, 11.29; $t=2.00$, $p<.05$). Except for this variable, the groups were essentially alike, including the number of years they claimed they had smoked. All subjects had come to the hospital for a medical complaint.

Besides a short, open-ended interview about their smoking, the subjects were all given several tests. First, a self-report test of smoking behaviors and attitudes, the "smoking survey," asked subjects to rate statements about smoking as applied to themselves. This test, designed by the author, is similar to one developed for HEW by Horn (1973), and contains 34 items which can produce scores on several scales such as Positive Attitude to Smoking, Addiction to Smoking, and Health Concern.

The subjects also took the Clarke Parent/Child Relationship Questionnaire (CAPER) (Paitich and Langevin, 1976), and were individually administered a TAT-like projective test specially designed for this study. This test asked subjects to tell stories to six cards showing people (primarily males) smoking in different situations. Responses to this test were scored for the number of times smoking was mentioned and the number of oral content responses (e.g. mouths, talking, spitting, drinking, excluding smoking references). Three judges were employed for this scoring, and they achieved an inter-rater reliability of .89. Subjects did not smoke during the testing.

Results: The first hypothesis, that heavy smokers would see smoking as more central to their lives and more enjoyable was tested out by comparing the groups on the Smoking Survey. Clear differences between the groups emerged. Heavy smokers described themselves as deriving more pleasure from smoking, having a more positive attitude toward smoking and feeling themselves more addicted to cigarettes than the lighter smoking group (all differences $p < .01$). In addition, the heavier smokers believed that cigarettes handled stresses more effectively in their lives than the light group ($p < .01$). (Incidentally, concerns about health and cancer, also measured in the survey, did not distinguish between these groups.)

The hypothesis, following Jacobs (1970), that heavier smokers would report more troubled and deprived childhoods than light smokers was tested using the CAPER. Generally, across the 18 scales making up this test, which tap such dimensions as Aggression from Mother, Aggression from Father, Affection from Mother, etc., the heavy smokers' responses were not significantly different from the light smokers, not lending support to the hypothesis.

A final hypothesis, that heavy smokers would tend to demonstrate more orality on the storytelling task, was tested in several ways. First, considering the total number of times smoking was mentioned in the stories, the heavy smoking group had a mean 40.2 references to smoking over the six stories, while the light smoking group had a mean of 50.2 references (these figures reflect a correction for lengths of the stories). Tested by the F-statistic, this was a significant difference ($p < .03$). (Mean number of words in subjects stories was not different between the two groups.)

The heavy smokers had a mean of 15.5 references to oral content in their stories, against the light smokers 19.9 oral references (again taking length of stories into account). An F of 5.09, was significant at $p < .03$, suggesting a marked difference between the groups.

Since the particular population the sample was drawn from is often believed to include a considerable number of heavy drinkers and alcohol abusers, subjects were also questioned about their drinking habits. Based on their answers, the men were divided into two groups: those claiming to drink no more than 2 six-packs or 2 pints per week ($N=24$) and those drinking 3-5 six-packs or 1-1½ quarts of alcohol each week or more ($N=17$). (Only one subject reported not drinking.) Data about drinking was not available on the remainder. Both corrected oral referent scores and corrected smoking reference scores on the storytelling task not significantly different between these two groups, suggesting that the oral-referent scores, particularly, are more closely tied to smoking behavior rather than drinking behavior.

Discussion: That the heavy smokers in this study were pleased with their smoking, tending to view smoking as a tranquillizer in times of stress, and as a reward for themselves compliments results in other studies (Larson et al., 1961). The lighter smokers, on the other hand, see their smoking less positively, and, at the same time, not as addicting for themselves.

One might speculate that these men are more conflicted or ambivalent about their habit than the heavy smokers, who seem to have integrated smoking more comfortably into their view of themselves.

A rather surprising result is that in spontaneous story productions, the light smokers produced more references to smoking and oral content. Several explanations for this are possible: 1) that the heavy smokers are less interested in orality because their oral psychological needs are being satisfied by their smoking; and 2) that the light smokers are conflicted about their smoking generally, so produce more oral and smoking responses.

Previous studies of the effect of deprivation of basic needs in projective materials have produced somewhat conflicting results.

Epstein and Smith (1961) counted food responses of hungry subjects to ambiguous TAT-like cards, finding that food-deprived subjects (especially those hungry for 7 to 10 hours) gave more food responses than sated subjects in pictures showing no food. In a different type of deprivation study again using a TAT-like task, Murray (1958) showed that sleep deprived subjects could be separated from rested subjects by counting sleep references in pictures suggesting sleep. In both of these studies, the major interest (and perplexity) was in how structured or unstructured a stimulus need be to detect need states in subjects, and no clear conclusions were reached. In both studies, however, it is clear that, given the right stimulus situation, physiological deprivation seems to increase verbal responses about that deprivation.

Based on this notion, we might well assume that the lighter smokers in the present study are in a state of cigarette deprivation, while the heavy smokers are smoking as much as they wish to satisfy their addiction and oral needs. In other words, perhaps the lighter smokers are holding themselves back from smoking as much as they wish. This supposition is consistent with the smoking survey findings that the lighter smokers are more ambivalent about their habit.

An additional piece of evidence supporting this view comes from the interview given the men prior to their testing. In response to the question: "Why don't you smoke more than you do?," over half the heavy smokers indicated that they were smoking just as much as they wanted to. For example, one man said, "I pull one out whenever the notion hits me;" another, "I could smoke more, but I'm satisfied, so I don't need more." The word "satisfied" appears a number of times in their answers.

The lighter smokers however replied differently. First of all, a number of them mentioned that the amount they are smoking now is a sharp cut-back from earlier smoking. For example, "I used to smoke 3-4 packs a day," etc. Many mentioned controlling themselves consciously from smoking more. Some quotes: "I got myself regulated to a pack and that's it;" "Cause I hold it down;" "I try to limit myself;" "It's no good for me. When I get up, I (only) take one pack with me." None of the heavy smokers mentioned this kind of limit setting on themselves, which seems to offer support

to the contention that the lighter smokers are denying themselves what they want. This also suggests that the "light" smoking group is partly at least a heavy smoking group that has cut back. Jacobs (1970) has noted that "former" smokers in his interviews were particularly elevated on "oral preoccupations," often discussing interests in eating and cooking. This seems to be a mechanism at work in this study, that the "light" smokers are in a state of deprivation, so produce increased oral and smoking references.

Further studies are needed to understand this mechanism more thoroughly. For example, it would be useful to study subjects' stories to the TAT-smoking task prior to their beginning a stop smoking clinic, after stopping and some time later to learn how this feeling of deprivation is handled psychologically by stoppers.

One also wonders why the same correlations do not exist between the amount of alcohol subjects claimed they consumed and oral referents made in their stories. Alcohol use, particularly heavy use and abuse (and a number of men in this study might easily be labelled as alcohol abusers) has been tied in the literature to orality and suppression of oral traits such as passivity and dependency (Chafetz, Blane, and Hill, 1970). Since all the men were hospitalized, perhaps all were equally deprived of their drinking! Again, further studies of amount of consumption and deprivation from alcohol with the appearance of oral preoccupations in projective material is needed to understand this result.

Jacob's hypothesis that heavier smokers believe themselves to have had more deprived childhoods was not confirmed in this study. Since, as noted above, many of the light smokers may well have been much heavier smokers at other times in their lives, the two groups may not really be said to test out this hypothesis. In fact, for the total sample, their scores were lower than norms offered for the CAPER by its authors (Paitich and Langevin, 1976), suggesting a general feeling of rough and deprived childhoods in this group. More careful selection of subjects by ferreting out their smoking history could make clearer groups to study perceived early deprivation and its relationship to adult smoking.

The issue of orality and its fate in the cigarette smoker should receive more attention based on results in this study biased as they are by a decidedly skewed and unusual sample of subjects. As Jacobs (1970) has stated, and this study supports, any smoker's orality is a major issue, and loss of oral satisfaction must represent a major hindrance in stopping smoking.

Summary: A group of "light" smokers and "heavy" smokers, all males in a VA Medical Center, were studied to understand better the role of orality in smoking. Lighter smokers tended to be more conflicted about their smoking, and less positive about benefits of smoking. They also produced more smoking and oral responses in stories to a TAT-like task. It is suggested that this increase in oral response is based on the lighter

smokers feeling deprived of oral satisfaction, while the heavy smoking group totally gratified this need. Lighter smokers appeared to be holding back from giving in to greater smoking. Neither group reported a more deprived childhood. Further study of orality and its role in those stopping smoking would seem useful.

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